

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3478-62-027335
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 2002 Registrar's No.

FILED JUL 25 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8817 SLEEPY Hollow Rd		d. STREET ADDRESS (If outside, give location) 8817 SLEEPY HOLLOW Rd	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last GLENN S. SMALLWOOD		4. DATE OF DEATH Month Day Year JUNE 30 1962	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1922 5-22-1922
9. AGE (last birthday) 64 years		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES REPRESENTATIVE		10b. KIND OF BUSINESS OR INDUSTRY FOOD PRODUCTS.	
11. BIRTHPLACE (City and state or country) DECATOR, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK P. SMALLWOOD		13b. MOTHER'S MAIDEN NAME LEORA SAUNDERLINE	
14. NAME OF HUSBAND OR WIFE MRS. CHARLOTTE SMALLWOOD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W W I	
17. INFORMANT MRS. CHARLOTTE SMALLWOOD 8817 SLEEPY Hollow		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2 min.	
Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction		10 min.	
DUE TO (c) Coronary Thrombosis		10 min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1955 to Death and last saw him alive on March 31, 1962		Death occurred at June 30, 1962 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Chester Lee	(Degree or title) M.D.	22b. ADDRESS 5830 Hall Mission Kansas	22c. DATE SIGNED 7-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 3, 1962	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR MUEHLBACH	ADDRESS 6800 TROOST AVE. K.C.MO.	25. DATE RECD. BY LOCAL REG. 7-2-62	26. REGISTRAR'S SIGNATURE Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Chester Lee MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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2 3 X 38
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4 0
5 1
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7 1
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9 4201
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11
12 90-0
13

(1. 1942-1943)
578571.62
KC 13825
1952 Feb 3/10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny C. Farns, Student Embalmer No. 647

working under my personal supervision.

Student

Danny C. Farns
Signature of Student Embalmer

Signed

C. D. Nelson

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.